



PETROLEUM EQUIPMENT CONTRACTORS & DISTRIBUTORS INSURANCE PROGRAM



Legal Entity Name(s) _____
Federal ID #(s) _____
Contract Name _____
Address _____ **City** _____ **ST** _____ **ZIP** _____
Email _____ **Phone** _____

Owner Operation category below:	YES	NO
Do Owner/Officers/Partners Perform Job Site Work or Supervise Jobs	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many Owners/Officers/Partners?		
If yes, Please Describe Job Duties:		

Please classify total annual employees' payroll by category below:	Total Payroll
Machinery or Equipment Installation, Service or Repair	\$
Excavation Payroll (Time on Equipment Only)	\$
Computer Boards / Dispenser Programming Service or Repair	\$
Inspections / Consulting / Phase I or II Work	\$
Tank / Line Testing & Cleaning	\$
Remediation / Environmental Clean Up	\$
Environmental Drilling	\$
Other (Please Describe):	\$

Total Cost of Sub-Contractors	Total Payroll
Machinery or Equipment Installation, Service or Repair	\$
Excavation Payroll (Time on Equipment Only)	\$
Uninsured Job Duties:	

Sales Breakdown	Total Sales
Sales of equipment / Parts you DON'T install (Counter Sales)	\$
Installation Sales	\$
Maintenance and Service Sales	\$
Describe Other Sales	\$
Total Gross Sales	\$

Miscellaneous	YES	NO	
Tank Truck/Trailer Fabricating / Sales or Repair / Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Alternate Fueling Facilities Work?	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Vehicle Charging Station Work?	<input type="checkbox"/>	<input type="checkbox"/>	
Automotive Lift Inspections?	<input type="checkbox"/>	<input type="checkbox"/>	
Any Current Pollution / Professional Retro Date?	<input type="checkbox"/>	<input type="checkbox"/>	Date?
Do you Carry an Umbrella?	<input type="checkbox"/>	<input type="checkbox"/>	Limit?
Does the Umbrella include Auto?	<input type="checkbox"/>	<input type="checkbox"/>	Auto Carrier

Please provide a current insurance certificate and loss runs for the past 4 years.
 If those are not available, please describe any recent claims on a separate sheet. Thank you.



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